Athlete Application for Participation (Valid for 3 Years from the Date of the Physical Exam)



Area and Local Program

Massachusetts

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COACHES WILL BE RESPONSIBLE FOR HAVING UP-TO-DATE ATHLETE MEDICAL FORMS IN THEIR POSSESSION AT TRAINING AND COMPETITION EVENTS. THE COACH'S COPIES OF MEDICAL FORMS WILL BE UTILIZED AT ALL QUALIFYING COMPETITIONS AND AREA EVENTS.

Medical forms are evaluated for completeness using the following required information as criteria:

- on the correct form
- area and local program
- full first and last name
- gender
- date of birth
- street address
- city
- home phone number, including area code
- parent/guardian name (if under 18)
- emergency contact name and phone number, including area code
- signature of athlete (18 or older) or signature of parent/guardian
- "history of" medical information on the medical unless supplemented by an attachment which contains the same info
- doctor's/physician's assistant/nurse practitioner's signature (no office stamps allowed)
- date of physical examination
- no fax copies accepted

OVERNIGHT EVENTS

- If medication is to be dispensed by SOMA medical volunteers, it must be accompanied by a medication form (supplemental medication form)
- Medication must be in its original container